



# APPLICATION FOR TRANSPORT OPERATOR PLATES

State Form 37028 (R4 / 2-98)

Approved by State Board of Accounts, 1998

**BUREAU OF MOTOR VEHICLES - Dealer Section**  
6400 E. 30th Street, Indianapolis, IN 46219

Date received (month, day, year)      BMV number

*Do not write in shaded areas - BMV Use Only*

Name of business		Business telephone number		Federal I.D. number	
Mailing address		City	State	ZIP code	County
<i>If you have a rural location, please give directions to the place of business.</i>					
In what states do you intend to operate?					
<i>If an out-of-state resident, give address and telephone number of Indiana headquarters.</i>		Name (if different than above) and address			
Telephone number (with area code) (      )		City	State	ZIP code	County
Check type of business organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Unincorporated Association					
<i>List information for: owner (if Sole Proprietorship), all partners (if Partnership), all officers or directors (if Corporation), or all managers or chief administrative officials (if Unincorporated Association).</i>					
NAME		TITLE		HOME ADDRESS	
				HOME PHONE NO.	
				(      )	
				(      )	
				(      )	
				(      )	
List any previous Transport Operator Plates					
If a Regulated Carrier, please indicate your Public Service Commission Indiana Operation Authority number(s)					
Type of business principally engaged in					
Name of insurance carrier		Insurance policy number		Date of expiration (month, day, year)	
INVOICE - Add fee and mailing charges (if applicable) for total fee					
FEE				TOTAL	
Two sets of (2) Transport Operator Plates @ \$130.25				\$	
<input type="checkbox"/> Will Pick Up <input type="checkbox"/> Please Mail		Mailing Charge @ \$1.50 per set (\$3.00 total)		\$	
Application must be accompanied by check or money order.				TOTAL FEE	
				\$	
I hereby certify, under penalty of perjury, that the answers and information contained in this application are true and correct.					
Date (month, day, year)		Signature of owner, partner, or officer			
Typed or printed name			Typed or printed title		